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Bib Data Sheet

CONFIRMATION NO. 5547

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/022,390 | FILING DATE<br>12/17/2001<br><br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1636 | ATTORNEY DOCKET NO.<br>37851-912 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/315,382 08/27/2001 *BR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE BR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/08/2002

\*\* SMALL ENTITY \*\*

|   |                               |                        |                       |                             |
|---|-------------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>BR</i> | STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>93 | INDEPENDENT<br>CLAIMS<br>12 |
|---|-------------------------------|------------------------|-----------------------|-----------------------------|

ADDRESS  
 20985  
 FISH & RICHARDSON, PC  
 12390 EL CAMINO REAL  
 SAN DIEGO, CA  
 92130-2081

TITLE  
 Mutant recombinant adeno-associated viruses

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1470 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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